Application Required by NJ Motor Fuel Tax Law

STATE OF NEW JERSEY DIVISION OF TAXATION MOTOR FUEL TAX **PO BOX 189**

Trenton, New Jersey 08695-0189

APPLICATION FOR WHOLESALE DEALER'S LICENSE

Complete this application to request a Wholesale Dealer's License which is needed for each establishment, wherever located, operated by such person out of which wholesale sales in New Jersey are made. Every Wholesale Dealer's License is subject to payment of a license fee of \$450.00 for a three year period which should accompany this application. Make check or money order payable to: STATE OF NEW JERSEY-MFT OR Soc. Sec. # of Owner 1. FID # 2. Name (IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s)) 3. Trade Name 5. Mailing Name and Address - (if different from business address) 4. Business Location: Street State City_ Street Zip Code State City_ (Give 9-digit Zip) Zip Code 4a. Business Location: ☐ Owned ☐ Leased (Give 9-digit Zip) 4b. If leased please provide name and address of owner: Name Address 6. Beginning Date for this business in New Jersey Month Dav Year 7. Type of Ownership (check one): ☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership ☐ Other - explain _ 8. Telephone Numbers: Contact Person ___ Title _ Daytime: (Ext Evening: (Ext 9. IF A CORPORATION, complete the following: Date of Incorp. State of Incorp. 10. Provide the following information for ALL owners, partners or responsible corporate officers. (If more space is needed, attach rider). NAME HOME ADDRESS SOCIAL SECURITY NUMBER % (Last Name, First, M.I.) **OWNED** TITLE (Street, City, Zip) 11. List below each location, out of which you sell or use "fuel". Under type of plant state whether Service Station (S.S.), Storage Tank (S.T.), Bulk Plant (B.P.) If more than six locations, attach additional sheet giving same information. Location Type of Plant Number of Tanks Total Capacity of Plant (Gals.)

List	t the names and addresses of all persons from whom applicant purcha	ood racio, arra not producto par	
	NAME and ADDRESS		<u>PRODUCT</u>
_			
	ve name, title, address and telephone number of person charged with the direcords kept.		eports and location where reports are pre
	ve name, title and address of agent in New Jersey or registered New Jerent)		y be made (must be documented by lette
Ave	erage monthly fuels sales during the preceding twelve months		gallons.
Ave	erage monthly fuels use during preceding twelve months		gallons.
Nu	mber of diesel vehicles operated		
Na	me of common carriers utilized to transport fuels		
Pro	ovide detailed description of business		
	OTE: Question 14 must be completed by out-of-state businesses.		
The	e undersigned applicant states, (under penalty of perjury), that all the rticular.		application is true and accurate in every
The	e undersigned applicant states, (under penalty of perjury), that all the		
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The	e undersigned applicant states, (under penalty of perjury), that all the rticular.	Signature Title re in the processing of your lice	of Owner, Partner or Officer Date prise request.
The	e undersigned applicant states, (under penalty of perjury), that all the rticular. Name of Applicant The information submitted will assist this office	Signature Title re in the processing of your lice a thorough investigation prior t	of Owner, Partner or Officer Date prise request.
The	e undersigned applicant states, (under penalty of perjury), that all the rticular. Name of Applicant The information submitted will assist this office. The Division of Taxation reserves the right to conduct.	Signature Title Title Te in the processing of your lice a thorough investigation prior to the processing of your lice at thorough investigation prior to the processing of your lice at thorough investigation prior to the processing of your lice at thorough investigation prior to the processing of your lice at the your lice at the your lice at the your lice at the your	Date Date or issuing this license.
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